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THIS SURVEY WAS CONDUCTED IN ORDER TO ASCERTAIN THE OVERALL DEGREE OF SATISFACTION OF A POPULATION OF BENEFICIARIES USING HEALTH SERVICES AT IRELAND ARMY COMMUNITY HOSPITAL. DATA WERE COLLECTED USING A SELF-ADMINISTERED, MAILED QUESTIONNAIRE TO A SAMPLE OF 979 PATIENTS, WITH A RESULTANT RESPONSE RATE OF 46.9%. OVERALL SATISFACTION WAS GOOD, WITH A MEAN SCORE OF 2.55 ON A FIVE-POINT SCALE (1=EXCELLENT, 5=POOR). THE CATEGORY OF ACCESS SCORED LOWEST, WITH "EASE OF MAKING APPOINTMENTS" BEING THE SINGLE LOWEST-SCORING ITEM. RESPONDENTS IN THEIR FIFTIES, AND THOSE USING CHAMPUS AS THEIR PRIMARY SOURCE OF HEALTH CARE WERE THE LEAST SATISFIED BENEFICIARIES. MOST OFT-CITED AREAS IN NEED OF IMPROVEMENT WERE THE APPOINTMENT SYSTEM, THE EMERGENCY ROOM, AND STAFF COURTESY.

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AN ASSESSMENT OF PATIENT SATISFACTION WITH HEALTH CARE DELIVERED AT IRELAND ARMY COMMUNITY HOSPITAL

A Graduate Management Project

Submitted to the Residency Committee

U.S. Army - Baylor University

Graduate Program in Health Care Administration

In partial fulfillment of requirements for the Degree

of

Master of Health Care Administration

by

Major Carolyn M. Grey

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Abstract

An Assessment of Patient Satisfaction with Health Care Delivered at Ireland Army Community Hospital

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Patient satisfaction will impact on beneficiary choice of health plan when the TRICARE support contract takes effect in 1997. This survey was conducted in order to ascertain the overall degree of satisfaction of a population of military health care beneficiaries using services at Ireland Army Community Hospital (IACH). The data were collected using a self-administered, mailed questionnaire to a sample of 979 patients who had been given health care appointments. Overall response rate was 46.9%. Sociodemographic data were obtained. In general, the respondents were White, married, and had used IACH for their health care for three or more years, primarily for outpatient care. Overall satisfaction was good, with mean score of 2.55 on a five-point scale (1=excellent, 5=poor). The "access" category scored the lowest, with "ease of making appointments", the overall lowest scoring item (3.52). Respondents in their fifties, and those using CHAMPUS as their primary source of health care are the least satisfied beneficiaries (53.8% and 34.3%). Those over age 60, active duty officers, and those in good health are the most satisfied. Most oft-cited areas needing improvement are the appointment system (31.2%), the emergency room (11.6%), and staff courtesy (9.5%).

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INTRODUCTION

CONDITIONS WHICH PROMPTED THE SURVEY

There are a number of conditions which indicate a need for a comprehensive patient satisfaction survey to assess overall satisfaction with the health care services provided by Ireland Army Community Hospital (IACH). These include:

1) The development of the TRICARE Region V Managed Care Support Contract. IACH will come under this contract, scheduled for implementation in September 1997. Enrollment of the beneficiary population will precede the contract effective date. Patient satisfaction has a direct impact on beneficiaries' choice of health plan; and thus, the enrolled population for which IACH will be funded under capitation.

2) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires hospitals to improve performance. The 1995 JCAHO accreditation manual outlines nine dimensions of performance, many of which have a direct impact on patient satisfaction: timeliness of care, continuity of care, safety of the patient, efficiency with which services are provided, and the respect and caring with which care is given (JCAHO, 1995). Therefore, these dimensions must be measured in order to assess how well improvements in performance are being made.

3) Patient satisfaction is one of the corporate indicators in the IACH Strategic Business Plan. It was chosen as one of the indicators by which to measure the corporate goal of customer satisfaction. The use of patient surveys is encouraged throughout the organization in keeping with its philosophy of Continuous Quality Improvement (CQI).

4) The 1994 Military Health Services System (MHSS) User Beneficiary Survey showed satisfaction rates of 66 percent (May 1994) and 69 percent (October 1994) for IACH active duty family members. Based on these results, a corporate goal of 75 percent has been set for 1995; 85 percent for 1996. A more comprehensive survey directed specifically toward users of IACH services, as opposed to eligible beneficiaries, offers an opportunity to achieve a more accurate assessment of how well IACH delivers health care (MHSS User Beneficiary Survey, 1994).

5) Previous IACH outpatient surveys have consistently reported rates of satisfaction over 95 percent (n=100-300). A July 1994 telephonic patient survey resulted in a satisfaction rate exceeding 90 percent (n=98). A more extensive questionnaire will supplement previous IACH survey efforts (IACH Outpatient Survey, 1994).

6) IACH has undergone an extensive organizational restructuring over the past two years. Highlights have included the dissolution of the Department of Nursing and Clinical Support Division; the restructuring of departments into clinical and administrative teams; and the empowerment of teams to self-direct

and implement internal quality improvements. While the restructuring is not complete, a satisfaction survey will provide insight into whether patient care has been enhanced by the organizational changes made to date.

STATEMENT OF THE RESEARCH QUESTION

How satisfied are beneficiaries who access and use the health care services, both inpatient and outpatient, at Ireland Army Community Hospital?

LITERATURE REVIEW

Patient satisfaction has been widely studied, and is dependent on a number of variables. Some of those variables include technical quality, degree of communication with the health care provider (HCP), cost, ease of access into the system, waiting time to receive an appointment, office waiting time, medical outcome, physical plant, and continuity of care.

Throughout the health care industry, satisfaction surveys are viewed as equal to "hard data", such as financial measurements, in measuring quality of care. It is widely accepted that a high degree of patient satisfaction can enhance a health care provider's competitive edge, profitability, and employee morale. A 1990 study by Mishalanie Layton & Associates of Orlando, Florida, is the only known study to compare profitability with customer satisfaction. It indicated that hospitals with a customer-service component in their strategic plan were slightly more profitable than those hospitals that did not stress customer-service improvement (Greene, 1994, 34).

Managed-care market penetration has become an indicator of patient satisfaction. Saint Joseph's Hospital of Atlanta uses daily telephone surveys conducted by the Gallup Organization to identify patients' areas of concern. The surveys have identified nursing and interpersonal interactions as areas of interest to Saint Joseph's patients. The survey information is used to make improvements in these areas, with departments setting goals and drawing up action plans. Saint Joseph's has seen its managed care market penetration grow to 17 percent of its patient base, from 4 percent three years ago. It attributes this growth, in part, to the efforts that have been made to respond to concerns raised in the Gallup surveys (Greene, 1994, 32).

Alliant Health System of Louisville, Kentucky has been recognized as a leader in total quality management (TQM). It has won the coveted Health Care Forum/Witt Award for Commitment to Quality, an annual competition sponsored by The Health Care Forum of San Francisco, and Witt Associates of Oak Brook, Illinois. "Customer Focus" is one of the nine pillars of Alliant's TQM program, wherein the focus is constantly on satisfying the "customer"- not only patients, but visitors and family, payers, and internal staff and caregivers (Coile, 1991, 3).

Many studies have been done on the factors that impact patient satisfaction. A 1988 meta-analysis conducted by Hall, Roter, and Katz summarized the results of 41 separate studies containing correlates of provider behavior in medical encounters. Provider behaviors were grouped into the categories of

information-giving, asking questions, competence, partnership building, and socioemotional behavior. The most frequently occurring outcome variables were satisfaction, recall, and compliance. Average correlations and combined significance levels were calculated for each combination of process category and outcome variable.

Of all patient variables considered, satisfaction had the most consistent relation to provider behavior, and was most closely predicted by the amount of information given by providers. Satisfaction was also related to greater technical and interpersonal competence, more partnership building, more immediate and positive nonverbal behavior, more conversation, more positive talk, less negative talk, and more communication in general. Only question-asking showed no relation to satisfaction. Thus, in this analysis, satisfaction was related to both task behaviors and those that are social and emotional in nature (Hall, Roter and Katz, 1988, 665-6). This study shows that it is not only the provider's technical competence, but how he or she delivers the care, and relates to the patient that often determines satisfaction level.

A 1989 study by Brody, Miller, and Lerman, et al., looked at the relationship between patients' satisfaction with their physicians and perceptions about medical interventions they had desired, versus those they had received. In this study, 118 adult primary care patients completed questionnaires before and after their medical visits. Patients who reported receiving any

one of three nontechnical interventions: education ($p<0.001$), stress counseling ($p<0.05$), and discussing their ideas (negotiation) ($p<0.01$), were significantly more satisfied than those who had not received these interventions. Patient perceptions about receiving technical interventions, i.e. examination, tests, medications, and nondrug therapy, were not related to patient satisfaction. A series of multiple regression analyses revealed that, in general, perceptions about nontechnical interventions were better predictors of patient satisfaction than perceptions about technical interventions (Brody, Miller, Lerman, et al., 1989, 1027).

In contrast to the meta-analysis done by Hall, Roter, and Katz, the Brody study suggests that the task-oriented elements of medical care, such as the establishment of a diagnosis, performing an examination, and ordering tests, have only minimal impact on post-visit patient satisfaction. Rather, patient satisfaction with the physician seems to be more dependent on the physician's ability to tend to the patient's more personal needs, such as the need for information, control, support, and advice (Brody, Miller, and Lerman, et al., 1989, 1034). This may be, in part, due to the fact that patients have become more knowledgeable about their health care, and have come to expect technical quality. Therefore, what distinguishes one provider from another, and causes a patient to return again, may now hinge to a greater degree upon that provider's ability to deliver care in a more personal, caring and sensitive manner.

A similar study of patients' desires and satisfaction was conducted in 1993 by Joos, Hickam, and Borders. This study focused on patients having chronic disease and being seen in general medicine clinics of a Department of Veterans Affairs hospital. A total of 243 patients completed a short, 16-item Request for Services Questionnaire, that covered the range of services that patients with chronic conditions generally desire.

Patients desired a mean of 11.9 services, of which an average of 67 percent were met. However, many patients' desires for information, and most of their desires for help with emotional and family problems, were not met. Patient satisfaction was related to the percent of desires that were met, and with the number of desires that were not met. Satisfaction was always lower when the desired service was not received. In particular, patient satisfaction was more strongly related to whether the physician met desires for information and affective support, than whether the physician met desires for examination, tests, and medication (Joos, Hickam, and Borders, 1993, 758).

In conducting surveys, it is important to choose a measurement scale that will best yield the desired information. A 1988 paper by Ware and Hays presented the results of two independent studies that compared methods for measuring patient satisfaction with specific medical encounters. One form used a six-choice satisfaction scale ("extremely satisfied", "very satisfied", "somewhat satisfied", "neither satisfied nor dissatisfied", "somewhat dissatisfied", "very dissatisfied" (S6).

The other used a five-choice evaluation scale ("excellent", "very good", "good", "fair", "poor") (E5). Both studies reported that the E5 scale showed greater response variability, in that it resulted in a wider distribution of patients along the satisfaction continuum; and yielded mean scores closer to the midpoint of the scale range (i.e. lower scores). Survey instruments yielding good response variability generally discriminate best among patients, and more effectively predict patient behavior (Marquis, Davies, and Ware, 1983, 821). The E5 scale proved to be a better predictor of whether patients intended to return to the same physician, recommended the physician to a friend, and complied with the prescribed medical regimen. Internal consistency was high for both E5 and S6 response formats in both studies; alpha reliability coefficients exceeded 0.80 for all multiple-item scales. The authors recommended the E5 format over the S6 format in studies of patient satisfaction with specific medical encounters (Ware and Hays, 1988, 401).

Given the body of research supporting the argument that it is the nontechnical aspects of medical care, in particular the degree of rapport and socioemotional interaction between provider and patient, that most directly relate to overall patient satisfaction, it appears that a survey of IACH patients must include items designed to evaluate this particular aspect of care.

PURPOSE

Given the research question, the objectives of this project are:

- to ascertain the type of patients who access care at IACH: their beneficiary category, utilization pattern, etc.

- to develop a survey instrument, or choose an existing instrument, that will elicit information on the types of services provided by IACH.

- to select a random sample of patients who have accessed care since September 1994, and which is reflective of the IACH patient population in the way it accesses the health delivery system.

- to administer the survey in such a way as to generate a response rate sufficient for a complete analysis of the data.

- to conduct an analysis of the survey data.

- to present the survey results along with recommendations for action, and achieve improvements in health care delivery that will maximize patient satisfaction.

- to provide a baseline against which future surveys can measure improvements in patient satisfaction.

METHOD AND PROCEDURES

Setting: The IACH catchment area consists of approximately 63,000 eligible beneficiaries; in FY 94, approximately 43,500 different beneficiaries were seen at IACH for health care.

Survey Sample: One thousand IACH patients were targeted for the survey: 980 outpatients who were seen at IACH since September 1994, and 20 who had been inpatients at IACH since June 1994. This distribution resembles the proportion of outpatient care done by IACH (98 percent) versus inpatient care (2 percent).

The number of subjects surveyed in each patient category generally reflected the proportion of health care services consumed by that category, on average, from September 1993 to September 1994, as reported by the statistical section of the IACH Medical Records Administration Branch. Of those sent surveys, 25.4 percent were active duty, 44.3 percent were family members of active duty, 13.1 percent were retired, and 17.2 percent were family members of retired.

The names and addresses of outpatient subjects were acquired through a series of ad hoc queries of the IACH Composite Health Care System (CHCS). The ad hoc reports provided the patient's full name; family member prefix (FMP); sponsor SSN; date of birth; patient category (PATCAT); date of appointment; telephone number; and complete mailing address. The resulting database listed 18,274 outpatient visits, by name of patient. By importing the file into the Statistical Program for Social Scientists (SPSS), and using a random selection option, a database of 980 outpatients was obtained.

Twenty inpatient files were randomly chosen by hand from Medical Records Administration Branch. The same fields of data

as extracted for the outpatients, were taken from the inpatient records, and added to the existing database. This completed the process of compiling a random sample of 1000 subjects.

Efforts were made to obtain accurate mailing addresses for those patients with missing or incomplete addresses within CHCS. Where possible, correct mailing addresses were collected by telephone. The Fort Knox Post Locator Service assisted in obtaining current unit addresses on the active duty subjects who had been transferred and reassigned. Mailing addresses could not be obtained for 21 subjects (2.1 percent), leaving 979 subjects with valid addresses.

To pre-test the survey instrument, 20 outpatients chosen at random from the pharmacy waiting area completed the survey, and provided feedback on instrument clarity and completion time. Revisions were made to the instrument based on patient feedback.

Data Collection: A 6-page, 50-item, pre-tested, self-administered questionnaire was mailed to 979 beneficiaries in January. A second mailing was made one month later. The first mailing resulted in a return of 350 surveys, constituting a return rate of 35.8 percent. Of these, fifteen surveys (1.5 percent) had no identification number, so that the respondent could not be identified; however, the data was used in the analysis. A second mailing to 604 non-respondents yielded an additional 109 responses, for a return rate of 18 percent for the second mailing, and an overall return rate of 46.9 percent.

The survey instrument contains items to measure the following categories by self-report: demographic data and personal information; satisfaction with access to care; satisfaction with the physical environment of the facility; satisfaction with the amount of personal and emotional support received from the health care provider; satisfaction with the level of communication with the provider; satisfaction with the technical quality of the care received; satisfaction with the outcome of the care received; and overall general satisfaction (Appendix A: Survey Instrument).

The items included in the survey were adapted from items used in the January 1994 MHSS Capitation User Beneficiary Survey; the 1994 Annual Health Care Survey of DoD Beneficiaries; the nine-item Group Health Survey; and the 1992 Tripler Army Medical Center (TAMC) Patient Satisfaction Survey.

Data Quality Control: Subjects were given identification numbers to allow for monitoring of responses; questionnaires were correspondingly identified by number and mailed to the sample along with the enclosed cover letter (Appendix B: Cover Letter). An alphabetic list of all subjects, sorted by identification number, was used to monitor the responses.

Completed surveys were edited for errors, validated against the database, and coded upon receipt. Data were entered and verified using the SPSS data entry package (Norusis, 1993).

Analysis: Summary descriptive statistics of the respondents, including demographic information, were compiled.

Cross-tabulations were computed to determine degree of association between selected variables. Level of satisfaction and evaluative score, as dependent variables, were tested against a selected number of independent variables. A mean score for each of the seven content categories was calculated, using all of the items answered by the respondent. Mean scores were the dependent variables. Independent variables were: patient category, age, level of education, rank group, health status, and nature of the majority of health care visits.

RESULTS

Psychometrics: The survey instrument includes 25 items rated using a five-point Likert scale (1=excellent, 2=very good, 3=good, 4=fair, and 5=poor). An additional scale point of "NA" was added to the five-point scale, and scored as a missing value. Two additional items are rated using a five-point Likert scale (1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree, 5=strongly disagree). A mean score for each of seven content categories was calculated using all items answered by the respondent. Mean scores were the dependent measures.

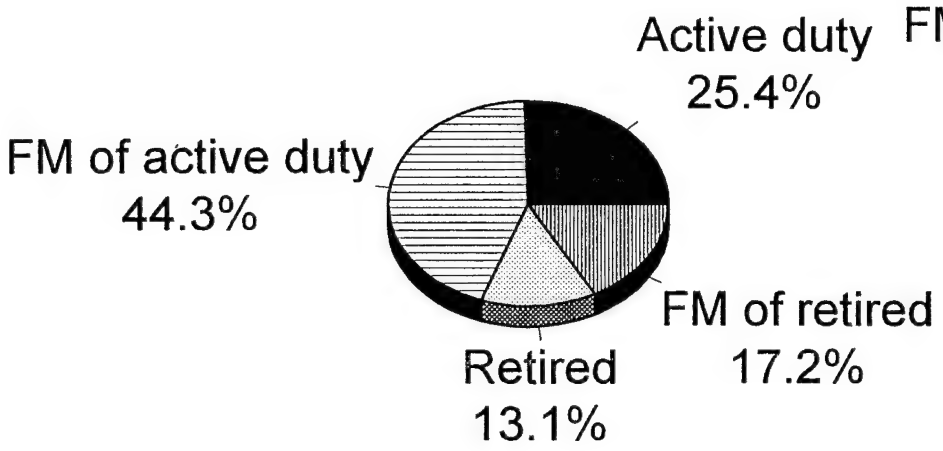
Demographics: Usable surveys were received from 459 of the 979 beneficiaries surveyed; 59 surveys (6 percent) were undeliverable. The overall usable return rate was 46.9 percent. All returned surveys were combined. The distribution of respondents by branch of service was 85.8 percent Army, 8.5 percent Air Force, and 5.5 percent Navy/Marine. Other sample

characteristics include: 48.6 percent male; 67.8 percent married; 81.2 percent White; 14.8 percent Black; 6.3 percent Hispanic; 74.8 percent high school graduates; and 84.3 percent enlisted, retired enlisted, or family member of enlisted.

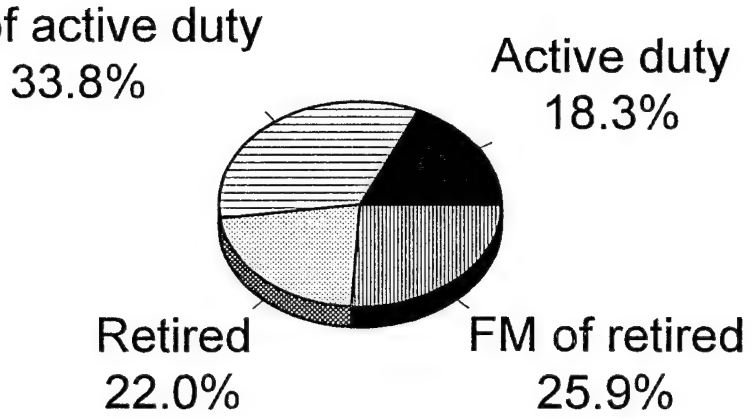
Retirees and their family members were more inclined to respond to the survey than active duty and their family members. While almost 70 percent of the surveys were sent to active duty and family members, only 52 percent of the responses came from this group. Concurrently, 30 percent of the surveys went to retirees and their family members, with 48 percent of the responses coming from this group (see figure 1).

Compared to the general population of the Commonwealth of Kentucky and the United States, the IACH sample was somewhat older. While almost 44 percent of the U.S. and Kentucky populations are below age thirty, less than 35 percent of the respondents were under thirty. Over 65 percent of the IACH sample was age thirty or older, as compared to only 56 percent of Americans and Kentuckians. Despite being relatively older, the IACH sample reported better health than a sample of Kentucky residents. State survey data (1993) show that 20.1 percent of Kentucky residents describe their health as fair or poor, versus 17 percent of the IACH sample (Kentucky Department of Health Services and World Almanac). The IACH sample health status is lower than national data (see figure 2), collected through a different instrument, showing that 14.8 percent of Americans consider themselves in fair or poor health (MMWR, 1994, 377).

Responses by beneficiary category



Surveys sent



Surveys received

Figure 1

Sample health status by self-report

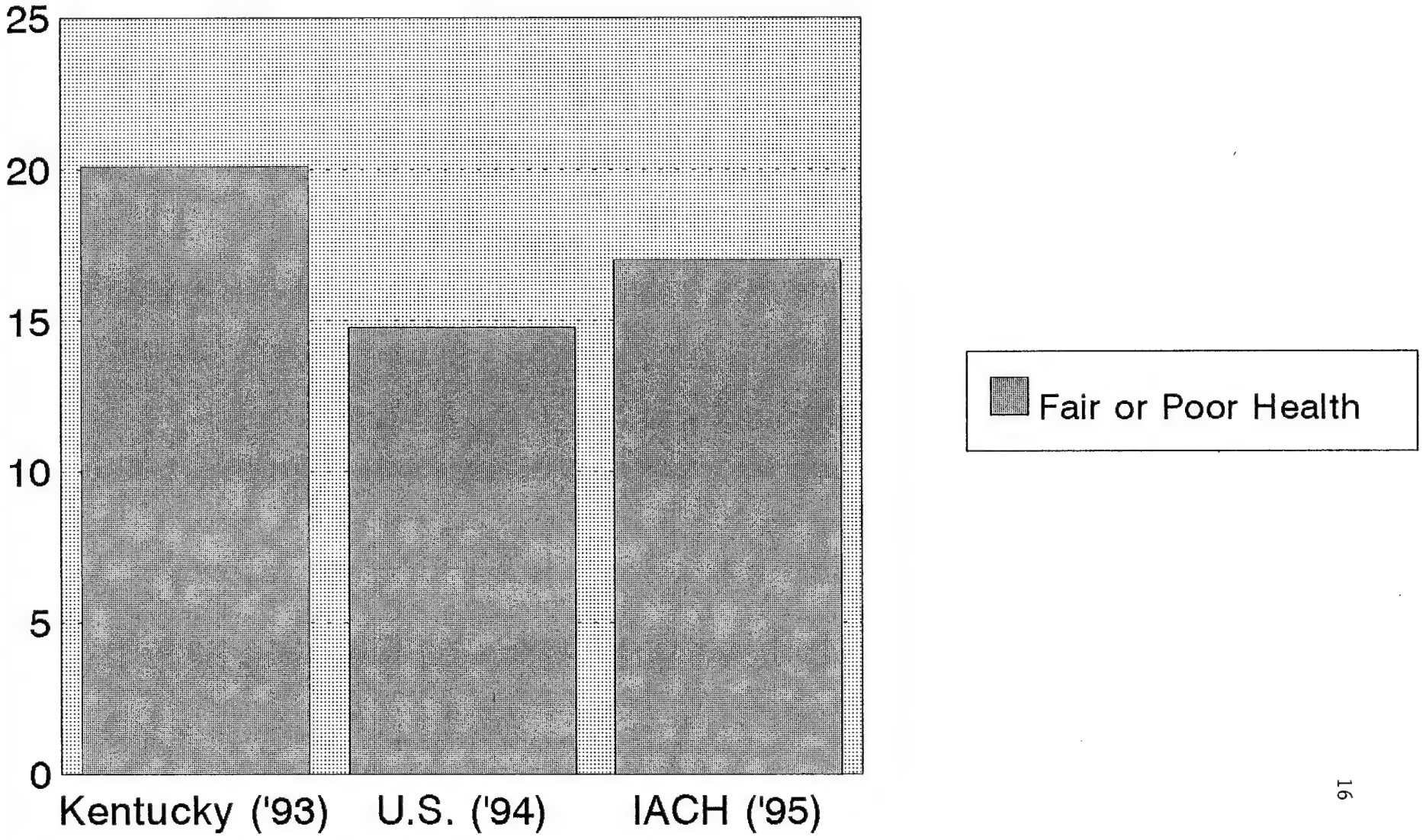


Figure 2 - note: different survey instruments used for each sample shown

Compared with a 1992 sample of Kentucky residents using a different survey instrument, the IACH sample had a higher percentage of non-whites (18.8 versus 7.2 percent). The proportion of males in both samples was generally the same (48.4 versus 48.6 percent). Marital and educational status were also very similar between the two samples, with 66.1 percent of the Kentucky sample and 67.8 percent of the IACH sample reporting as married, and 75.7 percent of the Kentucky sample and 74.8 percent of the IACH sample reporting a high school education or GED (Kentucky Department of Health Services). A summary of demographic information is shown at Table 1.

For 73.8 percent of the respondents, IACH was the source of the majority of health care throughout the preceding year. Most respondents had been using IACH for their health care for three or more years (57.9 percent). Treatment of acute minor illness was the most frequently reported category of care (40.7 percent), followed by preventive/wellness visits (27.1 percent), and treatment of chronic conditions (19.5 percent). Outpatient care was the most typical pattern of utilization, with 92.6 percent of respondents having made one or more outpatient visits for health care at IACH in the preceding year. Almost two-thirds of respondents (66.2 percent) had never used the inpatient services at IACH (see figure 3).

Of those who did not use IACH for the majority of health care visits in the preceding year, the reasons most frequently given were: "Other" (7.6 percent); "It is too difficult to get

Table 1.--Sample Demographics

		N	%
Sex			
	Male	223	48.6
	Female	236	51.4
Age (Years)			
	Less than 21	106	23.1
	21-29	51	11.1
	30-39	93	20.3
	40-49	69	15
	50-59	53	11.5
	60 or over	87	19
Race			
	White	363	81.2
	Black	66	14.8
	Asian/Pacific Islander	12	2.7
	Native American	6	1.3
	Hispanic	29	6.3
	Unknown	14	3 *
Rank			
	Officer	60	13.2
	Warrant Officer	11	2.4
	Enlisted	379	84.3
	Unknown	6	1.3 *
Branch of Service			
	Army	394	85.8
	Navy	14	3.1
	Air Force	39	8.5
	Marine	11	2.4
	Coast Guard	1	0.2
Beneficiary Category			
	Active duty	84	18.3
	Family member, active duty	155	33.8
	Retired	101	22
	Family member, retired	108	23.5
	Family member, deceased	11	2.4
Marital status			
	Single, never married	114	24.8
	Married	311	67.8
	Separated	7	1.5
	Divorced	11	2.4
	Widowed	16	3.5

Table 1.-- continued

	N	%
Level of Education		
Less than High School	82	17.9
Some High School	34	7.4
High School graduate/GED	121	26.4
Some college	149	32.5
College graduate	52	11.3
Graduate school	21	4.6
Length of time using IACH for health care		
Less than one year	80	17.5
One to two years	113	24.7
Three or more years	265	57.9
Unknown	1	0.2 *
Frequency of use of inpatient services		
Never	303	66.2
1-2 times in past year	111	24.2
3-5 times in past year	28	6.1
6 or more times in past year	16	3.5
Unknown	1	0.2 *
Frequency of use of outpatient services		
Never	34	7.4
1-10 times in past year	357	77.9
11-20 times in past year	41	9
20 or more times in past year	26	5.7
Unknown	1	0.2 *

*as percent of total; all other percents are percent of those with known values.

Types of health care visits to IACH

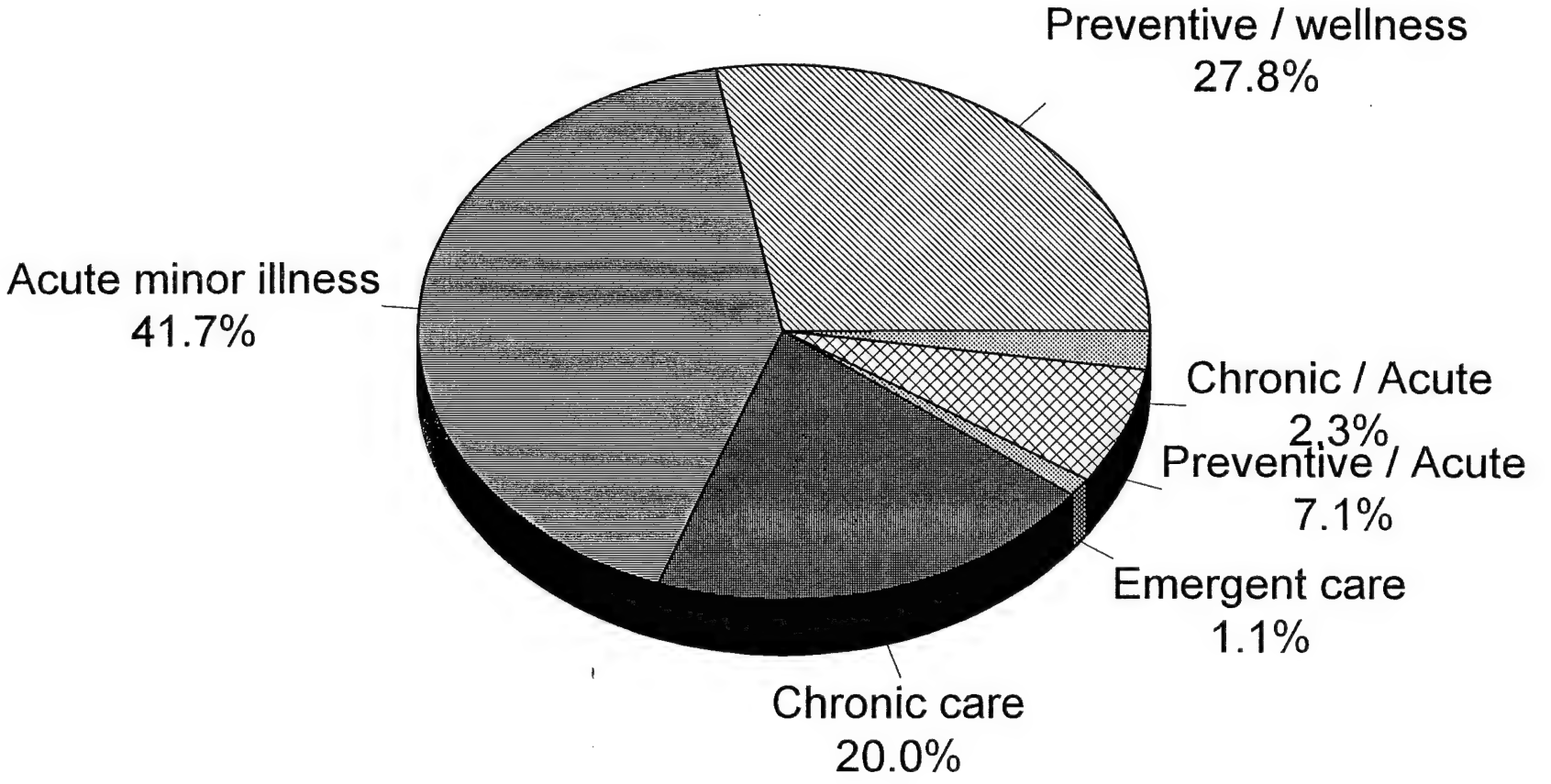


Figure 3

an appointment" (7.0 percent); "IACH does not provide the services I need" (4.6 percent); and "IACH is not conveniently located for me" (4.1 percent).

Evaluation of care (ratings): The overall evaluation of health care at IACH was good, with a mean score of 2.75 on a 5-point scale where 1=excellent and 5=poor. Of the categorical mean scores, the lowest scoring category was that dealing with access (2.99), followed by outcomes, personal/emotional support, technical quality, and communication. The highest categorical mean score was in the category of physical environment of the facility (2.38). Within the category of access, the lowest item rating was ease of making appointments for health care by telephone (3.52), followed by access to specialty care (3.48), and length of time spent waiting in the clinic to see the health care provider (3.25). Table 2 summarizes the categorical mean findings.

Level of satisfaction (ratings): Level of satisfaction was somewhat lower than the mean score for evaluation of care at IACH. A general satisfaction score was obtained by calculating the mean of item 46, which measured overall satisfaction with care, and item 47, which measured the respondent's inclination toward recommending IACH to others. On a five-point scale where 1=strongly agree and 5=strongly disagree, the overall level of satisfaction reported was good, with a mean of 2.55.

Table 2.--IACH Evaluation Means

Category	Cat mean*	Item mean **	Std dev
1. Access	2.99		0.87
Convenience of location		2.15	1.11
Convenience of hours		2.51	1.1
Access to emergency care		2.78	1.37
Access to inpatient care		2.84	1.18
Access to health advice over phone		2.9	1.23
Length of time before next available appointment		3.21	1.07
Access to health care, whenever needed		3.23	1.3
Length of time spent in waiting room		3.25	1.04
Access to specialty care		3.48	1.3
Ease of making appointments		3.52	1.31
2. Outcomes	2.71		1.08
Perception that patient has derived some benefit		2.71	1.12
Overall quality of health care		2.71	1.12
3. Personal/emotional support	2.69		1.06
Courtesy of HCPs		2.5	1.2
Courtesy of reception / admin staff		2.68	1.2
HCP's personal interest in patient problem		2.68	1.24
Reassurance offered by HCP		2.72	1.22
Time spent with HCP during visit		2.83	1.15
4. Technical quality	2.63		1.04
Technical skill of HCP		2.54	1.03
Completeness of medical treatment		2.66	1.14
Completeness of medical exam		2.68	1.1
5. Communication	2.62		1.11
HCP explanation of tests / procedures		2.56	1.18
HCP instruction on self-care		2.63	1.17
HCP advice on staying healthy		2.65	1.2
6. Physical environment of health care facility	2.38		0.96
Overall cleanliness of facility		2.24	0.99
Pleasantness of waiting and treatment areas		2.51	1.05

* Cat mean= mean of all items within specific category

** Means measured on 5-point Likert scale, where 1=excellent, 5=poor (6=NA scored as missing value)

Almost 80 percent of respondents added comments in the open-ended items; 6 percent of the comments were complimentary, the others were criticisms or suggestions for improvements. Respondent comments pointed to several areas which negatively impact on the general satisfaction level of the sample. These include widespread dissatisfaction with access, particularly the patient appointment system. There were also numerous negative comments regarding patient waiting time in the Emergency Room, and the quality of customer service and courtesy at IACH.

Comparative Analyses: Cross-tabulations were compiled on the six evaluative content categories, as well as the general satisfaction category. Independent variables were patient category, age, education, rank group, health status, and nature of the majority of health care visits. The dependent measures were the overall mean of all items answered in the content category.

The independent variables of age and health status were significant in every analysis. Among the age groups, the highest proportion of satisfied respondents was in the sixty and over age group (73.8 percent). The lowest proportion of satisfied patients was found in the group of respondents aged 50 to 59, a group typified by the pre-Medicare eligible retiree. This age group reported only a 53.8 percent satisfaction level ($p<.02$).

Of those in excellent and very good health, 64.4 percent were satisfied, while only 48.1 percent of those in fair or poor health were satisfied with the health care at IACH ($p<.01$).

Of those respondents who used IACH as their primary source of health care in the last year, 64.2 percent reported being satisfied. The least satisfied group was the group using CHAMPUS as the predominant source of care, with only a 34.3 percent satisfaction level ($p<.0001$).

Patient category was not statistically significant for level of satisfaction; however, it was significant in the way respondents evaluated the health care at IACH. Active duty and their family members were less inclined to rate the care received as good to excellent relative to retirees and their family members (74.2 versus 81.1 percent, $p<.01$); and more inclined to give ratings of fair to poor (25.8 versus 18.9 percent, $p<.01$).

Officer and warrant officer respondents reported greater satisfaction with care than enlisted respondents (73.9 versus 57.6 percent, $p<.03$). The nature of the majority of a patient's health care visits (acute, chronic, preventive or emergent care) was only significant in the content categories of access and physical environment of the facility ($p<.04$ and $p<.02$).

Frequency of outpatient use did not significantly factor into satisfaction level, however frequency of inpatient use was significant; over two-thirds of those using IACH for inpatient care three or more times in the preceding twelve months reported being satisfied (67.4 percent, $p<.02$). Tables 3 and 4 show a summary of the analysis of variance comparisons.

Table 3.--Significance levels for Cross-tabulations

	Evaluation of care	Satisfaction with care
Age	0.00001	0.0193
Sex	ns	ns
Health status	0.0006	0.00626
Race	ns	ns
Branch of service	0.00001	0.0001
Rank group	0.00301	0.03167
Patient category	0.01014	ns
Marital status	0.02049	ns
Education level	ns	ns
Length of time using IACH	ns	ns
Primary source of care	0.00566	0.00007
Type of care sought	ns	ns
Services used at IACH	ns	ns
Inpatient frequency	0.04097	0.01719
Outpatient frequency	ns	ns

95 % confidence interval

Table 4.--Mean and main effects

Content categories	Cat mean	Age	PATCAT	Health status	Rank	Education	Type of care
1. Access	2.99	0.0011	ns	0.0001	ns	0.014	0.0398
2. Outcomes	2.71	0.0009	ns	0.0002	0.0423	ns	ns
3. Personal / emotional support	2.69	0.00001	0.0326	0.027	ns	ns	ns
4. Technical quality	2.63	0.0001	ns	0.0001	0.006	0.0068	ns
5. Communication	2.62	0.0001	ns	0.0154	ns	0.005	ns
6. Physical environment	2.38	0.00001	ns	0.017	ns	ns	0.0153
7. General Satisfaction	2.55	0.003	ns	0.0198	0.0144	ns	ns

Dependent variable: Cat mean is the mean of all items answered in the content category.
Independent variables: age; PATCAT=patient category; health stat us; rank group; education level; type of visit (preventive, acute, chronic, emergent).
Entries are significance levels for effects (ns=not significant). For categories 1-6 (1=excellent,5=poor). For category 7 (1=strongly agree, 5=strongly disagree).

DISCUSSION

Areas needing change: Consistently, satisfaction with the health care at IACH (Appendix A, item 46) was lower than the evaluative scores given for that care (Appendix A, item 12). While respondents generally rated the various components of their health care as good or better, overall satisfaction with their health care consistently scored lower, indicating that there are specific aspects of the IACH delivery system that detract from patient satisfaction. Those particular areas needing improvement were the patient appointment system; access to all clinic appointments, particularly in the medical specialties; waiting time in the emergency room, and all clinics; and general courtesy and customer focus.

Comments from the retired respondents emphasized their collective frustration with the degradation of health benefits believed to have been promised them in return for military service. While retirees were happier with the health care than active duty and family members, they expressed the feeling of being regarded as last priority when it came to accessing care. A summary of respondent comments is attached at Appendix C.

Comparisons with previous studies: The results of this study indicate a level of patient satisfaction that is considerably lower than that typically reported within IACH at the team/service level in service-specific patient surveys. This

may reflect the difference in patient perception over time. Clinic and service surveys are often administered during or immediately following an episode of care. This study asked the respondent to evaluate care over a span of time, and across a range of services and episodes of care.

In comparing the respondent comments in this study with those in a 1987 study of IACH retirees by Morrill, there are some notable similarities. The most pressing issue for the retirees in the 1987 study was the availability of appointments, with 43.2 percent of those commenting raising that issue. The current study shows that access, specifically the appointment system, remains the top concern for almost a third of respondents. Lack of courtesy was cited by 7.6 percent of the retiree respondents in 1987; in this study, 9.5 percent of the respondents feel this is the area needing the most improvement. The most striking difference between the two studies is that the emergency room was not an issue in 1987; in the current study, the emergency room was a major concern for 11.6 percent of the respondents (Morrill, 1987, 43).

The results of this study more closely parallel the results of the 1994 national "User Survey" of MHSS beneficiaries administered by DoD, which raises similar concerns over the issues of access, specialty care, and waiting time in clinics and the emergency room.

CONCLUSIONS

Patients of IACH reported moderate satisfaction with the health care they received. Beneficiaries over age 60, active duty officers, and those in good health are the most satisfied. Those in their fifties, family members of active duty, and those using CHAMPUS as their primary source of care are the least satisfied. Areas that should be targeted for improvement are the patient appointment system, access to specialty care, and patient waiting time, as well as general courtesy and customer focus.

Provider staffing and utilization must be addressed as a critical component of military health care. At IACH, the unique demands of medical readiness severely limit access to care, particularly for family members. Until the medical staff is unencumbered from the numerous external requirements and special programs that continually divert its focus from general patient care, cultivating a population of satisfied patients will remain a major challenge.

IACH should consider modifying its patient appointment system to achieve greater provider utilization within the constraints of the military system, and ensure access at the lowest level of care that is appropriate. Greater use of physician extenders should be explored. It should also cultivate rapport with its beneficiaries, marketing what the facility already does well, and system improvements as they are achieved.

IACH should reexamine those areas of greatest concern to its patients, in an effort to increase overall satisfaction. This will help position the organization for success as it transitions to TRICARE, when patients will have greater choice regarding their health care. Periodic surveys should be administered in the future to assess improvements and their impact on patient satisfaction.

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Appendix A

Survey Instrument

PATIENT SATISFACTION SURVEY

Ireland Army Community Hospital (IACH) is continuously seeking ways to improve the quality of the health care it provides. This survey will help us learn how you feel about the health care you receive at IACH. Please answer all questions by circling a response or filling in the blank. Your answers will be held in strictest confidence. Thank you.

PERSONAL INFORMATION - Only group summaries of answers will be used

1. Overall, how would you describe your health?

   1 - Excellent
   2 - Very Good
   3 - Good
   4 - Fair
   5 - Poor

2. Age group as of your last birthday:

   1 - Less than 21
   2 - 21-29
   3 - 30-39
   4 - 40-49
   5 - 50-59
   6 - 60 or over

3. Sex:

   1 - Male
   2 - Female

4. Racial Background:

   1 - White
   2 - Black
   3 - Asian or Pacific Islander
   4 - Native American, or Alaskan Native

5. Are you of Hispanic or Spanish origin or descent?

   1 - Yes
   2 - No

6. Category of rank (for yourself, or sponsor if you are a family member):

   1 - Officer
   2 - Warrant Officer
   3 - Enlisted

7. Branch of military service (yours or your sponsor's):

1 - Army
2 - Navy
3 - Air Force
4 - Marine
5 - Coast Guard

8. Beneficiary Category (of survey respondent):

1 - Active duty
2 - Family member of active duty
3 - Retired
4 - Family member of retired
5 - Family member of deceased

9. Marital status:

1 - Single, never married
2 - Married or Living as Married
3 - Separated
4 - Divorced
5 - Widowed

10. Highest level of education:

1 - Less than High School (8 years or less)
2 - Some High School (9 to 11 years)
3 - High School graduate or GED (Graduate Equivalent Diploma)
4 - Some College or Technical School (13 to 15 years)
5 - College graduate (16 years)
6 - Graduate School (17 years or more)

11. How long have you personally used IACH for your health care?

1 - Less than one year
2 - One to two years
3 - Three or more years

12. Overall, how would you evaluate the health care provided at IACH?

1 - Excellent
2 - Very Good
3 - Good
4 - Fair
5 - Poor

13. Through which of the following sources have you received the majority of your health care, over the past twelve months?

1 - Ireland Army Community Hospital
2 - Other military treatment facilities
3 - CHAMPUS
4 - Private insurance or other sources

14. If you do not receive the majority of your health care at IACH, which one reason best explains why not?

1 - IACH does not provide the services I need
2 - IACH is not conveniently located for me
3 - I am not treated with courtesy
4 - It is too difficult to get an appointment
5 - It takes too long to be seen
6 - My schedule conflicts with the appointment time offered
7 - The medical treatment I receive is not complete/thorough
8 - Other (please explain)_____
9 - NA, majority of care received at IACH

15. In the last year, how often have you used inpatient hospital care at IACH?

1 - Never
2 - Once or twice
3 - Three to five times
4 - Six or more times

16. In the last year, how often have you used outpatient care at IACH?

1 - Never
2 - One to ten times
3 - Eleven to twenty times
4 - More than twenty times

17. How long do you usually have to wait between the time you make an appointment for health care and the day you actually see the provider (the physician, nurse practitioner, physician's assistant, or other health professional) at IACH?

1 - Less than 48 hours
2 - two to six days
3 - One to two weeks
4 - Three to four weeks
5 - Five to six weeks
6 - Seven or more weeks
7 - Does not apply

18. How long do you usually have to wait to see your health care provider when you have an appointment for care at IACH?

1 - Less than 15 minutes
2 - 16 to 30 minutes
3 - 31 to 45 minutes
4 - 45 to 60 minutes
5 - Over one hour
6 - Does not apply

19. What is the nature of the majority of your health care visits to IACH?

1 - Preventive care (e.g. routine exams, cholesterol screening)
2 - Treatment of acute minor illness/injury (e.g. colds, sprains)
3 - Treatment of chronic condition (e.g. diabetes, hypertension)
4 - Emergency medical care (e.g. likelihood of death or loss of limb)

20. What clinical specialty/department do you most frequently visit at IACH? (only choose one)

1 - Internal Medicine
2 - General Medicine
3 - General Surgery
4 - Pediatrics
5 - Obstetrics/Gynecology
6 - Orthopedics
7 - Ear, Nose & Throat
8 - Cardiology
9 - Counseling/Mental Health
10 - Other _____

In items 21 to 45, thinking about your own health care, and using the following response scale, please circle the number that best expresses your opinion about the health care at Ireland Army Community Hospital (IACH).

1 = Excellent
2 = Very Good
3 = Good
4 = Fair
5 = Poor
6 = NA

ACCESS - arranging for and getting care

	E	VG	G	F	P	NA
21. Convenience of location	1	2	3	4	5	6
22. Convenience of hours of operation of services	1	2	3	4	5	6
23. Access to health care whenever you need it	1	2	3	4	5	6
24. Access to specialty care if you need it ...	1	2	3	4	5	6
25. Access to inpatient hospital care if you need it	1	2	3	4	5	6
26. Access to medical care in an emergency	1	2	3	4	5	6

1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor 6=NA

	E	VG	G	F	P	NA
27. Ease of making appointments for health care by phone	1	2	3	4	5	6
28. Length of time you wait at the office to see the health care provider	1	2	3	4	5	6
29. Length of time you wait between making an appointment for routine care and the day of your visit	1	2	3	4	5	6
30. Availability of health care information or advice by phone	1	2	3	4	5	6
PHYSICAL ENVIRONMENT OF FACILITY						
31. Overall cleanliness of the facility	1	2	3	4	5	6
32. Comfort and pleasantness of waiting rooms and treatment areas	1	2	3	4	5	6
PERSONAL/EMOTIONAL SUPPORT						
33. Courtesy shown to you by health care providers	1	2	3	4	5	6
34. Courtesy shown to you by receptionist and other administrative staff	1	2	3	4	5	6
35. Health care provider's personal interest in the outcome of your health problem	1	2	3	4	5	6
36. Reassurance and support offered to you by health care provider	1	2	3	4	5	6
37. Amount of time you have with health care provider during a visit	1	2	3	4	5	6
COMMUNICATION						
38. Health care provider's explanations of medical procedures and tests	1	2	3	4	5	6
39. Advice provider gives you about ways to avoid illness and stay healthy	1	2	3	4	5	6
40. Amount of instruction on self-care given by health care provider	1	2	3	4	5	6

1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor 6=NA

	E	VG	G	F	P	NA
TECHNICAL QUALITY						
41. Completeness of medical examination	1	2	3	4	5	6
42. Technical skill (competence, carefulness) of health care providers	1	2	3	4	5	6
43. Completeness/thoroughness of medical treatment	1	2	3	4	5	6
OUTCOMES						
44. Outcome of your health care (how much you are helped).....	1	2	3	4	5	6
45. Overall quality of health care	1	2	3	4	5	6

In items 46 and 47, thinking about your own health care, and using the following rating scale, please circle the number that best indicates how much you agree or disagree with each statement about Ireland Army Community Hospital (IACH):

PLEASE NOTE THAT THE RATING SCALE HAS CHANGED!

1 = Strongly agree
2 = Agree
3 = Neither agree nor disagree
4 = Disagree
5 = Strongly disagree

	SA	A	N	D	SD
46. I am satisfied with the health care I receive at IACH	1	2	3	4	5
47. I would recommend my health care to family or friends who need care	1	2	3	4	5

ADDITIONAL COMMENTS

48. What area could use the most improvement at IACH?

_____

49. What health service do you wish IACH offered that it currently does not provide? _____

50. If the addressee did not complete this survey, who did? (circle one)

1 - Spouse of person to whom survey addressed
2 - Other family member
3 - Some other person (Who)_____

Appendix B

Cover Letter

IRELAND ARMY COMMUNITY HOSPITAL

PATIENT SATISFACTION

SURVEY

Dear Ireland Patient:

We at Ireland Army Community Hospital want to provide you the best health care possible. Please take a few minutes to complete and return this survey. Your opinions will help us determine how well we are meeting your health care needs and where we can make changes for improvement.

When you have completed the survey, please place it in the enclosed self-addressed, stamped envelope and return. If you have questions about this survey, please contact MAJ Grey at (502) 624-9744.

Thank you for your time and cooperation. Your comments are greatly appreciated as we strive for excellence.

Sincerely,

Thomas I. Clements
Colonel, Medical Corps
Commanding

Appendix C

Respondent Comments

RESPONDENT COMMENTS

1. What area could use the most improvement at IACH?

31.2% (108)* Appointment System: getting an appointment; better access, particularly to specialty care

11.6% (40) Emergency Room: faster service; less waiting; ability to handle pediatric emergencies; enlisted experience level

9.5% (33) Courtesy, friendliness, patience of staff

6.6% (23) Time spent in waiting room before seeing HCP

5.5% (19) Follow-up; continuity of care

5.2% (18) Pharmacy: expand formulary; newer/more efficient meds; wait time; fill Rx from other MTF/civilian HCPs; availability of cold-paks, Nicoderm patch...

2.3% (8) Getting X-ray & Lab results in a timely manner; getting results over phone

1.7% (6) Communication with HCP

1.7% (6) OB-GYN

1.4% (5) Outpatient records

1.2% (4) Pediatrics

.9% (3) Cleanliness of restrooms and offices -

.6% (2) Extend hours of the Health Advice Nurse

.3% (1) Handicap parking

.3% (1) More seats in GMC waiting area

.3% (1) Take TVs out of patient waiting areas/turn off the talk shows

.3% (1) Patient education - explain the IACH system

* Percent of those commenting/suggesting improvements, followed by total responding in each subject area

2. What health service do you wish IACH offered that it currently does not provide?

a. Access or more access to the following services, particularly for retired and family members:

11.0%	(38)*	Optometry
10.7%	(37)	Dental
6.6%	(23)	Internal Medicine
6.6%	(23)	Overall
6.1%	(21)	General Medicine Clinic
5.2%	(18)	ENT
3.8%	(13)	Cardiology
2.9%	(10)	Dermatology
2.6%	(9)	Orthopedics
2.6%	(9)	Routine physical/wellness visits (BP, cholesterol screens, etc)
2.0%	(7)	Pediatrics/EFMP
1.7%	(6)	Family Medicine
1.7%	(6)	Ophthalmology
1.7%	(6)	Walk-in clinic
1.4%	(5)	Psychiatry
1.4%	(5)	Allergy
1.4%	(5)	Radiology
1.2%	(4)	Physical therapy
1.2%	(4)	OB
.9%	(3)	Rheumatology
.9%	(3)	Neurology
.9%	(3)	Oncology
.6%	(2)	Toll-free appointment line
.6%	(2)	Evening/weekend minor illness clinic
.3%	(1)	Smoking cessation
.3%	(1)	Nutrition counseling
.3%	(1)	Satellite clinic in Louisville
.3%	(1)	Class II FAA flight physicals
.3%	(1)	NICU
.3%	(1)	Pulmonology
.3%	(1)	Gastroenterology
.3%	(1)	Endocrinology

b. More physicians: 6.9% (24)

c. More time with HCP: 2.0% (7)

d. More concerned HCPs: 1.2% (4)

* Percent of those commenting/suggesting improvements, followed by total responding in each subject area

Favorable comments:

GYN has improved markedly lately.

Peds is great.

Thanks so much and keep up the good work.

Recently the ER has been great. You need more caring personnel like Ms. Yates, who works in the ER.

IACH has improved greatly!

We are blessed to have IACH.

The Pharmacy and Women's Health Clinic are outstanding.

ER/IMC staff are some of the best providers I have ever seen.

I had a cancer diagnosis last Winter and do not feel I could have received better, more competent care anywhere. Radiology, Dr. John Gusz, and IACH have provided superb care for me. Thank you.

I have received excellent care as a high-risk OB patient.

All areas that I have used have done a very good job.

I only used your Orthopedic services - no improvement needed!

Since Jan 94 I have been completely satisfied with your services.

I recently was hospitalized and received outstanding service from everyone with whom I had contact - from pre-op tests to post-surgery follow-up.

I was very impressed with Women's Health, esp. Ms. Whiten and Audra. They were extremely courteous and very professional.

Always good care is provided in the Well-Baby clinic.

The Advice Nurse is very nice and shows great concern.

My best experiences overall at IACH have been in OB-GYN and WHC.

Since my wife was a victim of the atom bombing of Hiroshima, IACH has removed her stomach in 1972 and has been looking out for her since. We deeply appreciate all the care you have and are providing. Thank you.

There has been a big improvement in employee attitude.